



**DATE: 02.02.15**

**Notice of Independent Review**

**REVIEWER'S REPORT**

**DATE NOTICE SENT TO ALL PARTIES: 02.03.15**

**IRO CASE #:**

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering on-the-job lumbar spine injury

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Laminotomy, discectomy, and nerve root decompression at L4-L5

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☒ **X** Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
	<b>63030</b>		<b>Prosp.</b>				<b>Xx/xx/xx</b>		<b>Overturned</b>

**PATIENT CLINICAL HISTORY (SUMMARY):**

The claimant is a female who suffered the acute onset of low back pain on xx/xx/xx when she bent forward to pick something off of the floor. She has had low back pain and right leg pain. Her pain has been treated with physical therapy, nonsteroidal anti-inflammatory medication and muscle relaxant medications, as well as physical therapy and epidural steroid injection. Her symptoms persist. She has weakness of the extensor hallucis longus on the left side. Straight leg raising test is positive on the right side. A recent electrodiagnostic study confirms L5 radiculopathy.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

This claimant suffers from degenerative disc disease with herniated nucleus pulposus at the level of L4-L5 with the nucleus directed to the right side. She has physical findings, special imaging studies, and electrodiagnostic studies which confirm L5 radiculopathy. The circumstances of appropriate history, physical examination, and special studies confirming L5 radiculopathy are sufficient to satisfy criteria published in the Official Disability Guidelines for laminectomy, discectomy, and nerve root decompression at the level of L4-L5 on the right side.



**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase
- ☐ AHCPR-Agency for Healthcare Research & Quality Guidelines
- ☐ DWC-Division of Workers' Compensation Policies or Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☒ Medical judgment, clinical experience and expertise in accordance with accepted medical Standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Office Disability Guidelines & Treatment Guidelines
- ☐ Pressley Reed, The Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer-reviewed, nationally accepted medical literature (Provide a Description):
- ☐ Other evidence-based, scientifically valid, outcome-focused guidelines (Provide a Description)